

## Critical Incident Form

Colorado Department of Human Services (CDHS), Office of Behavioral Health (OBH) is committed to maintaining the life, safety, and well being of all consumers, families, and providers/agencies/facilities. In so doing, OBH requires that all critical incidents, involving programs/agencies/facilities it contracts with, licenses, or otherwise approves, shall be reported to OBH.

### CRITICAL INCIDENTS (DEFINITIONS USED TO DISTINGUISH REPORTABLE INCIDENTS)

- **Death**
  - Death of an active/current client, staff person, volunteer, or visitor on program/agency/facility premises.
  - Death of an active/current client, off premises, *that is unexpected.*
- **Physical and/or Sexual Assault**
  - Physical and/or sexual assault (*on or off premises*) by or upon an active/current client.
- **Hospitalization**
  - Suicide attempt or self-inflicted injury, by an active/current client, requiring medical attention/hospitalization.
- **Eloped from Court-Ordered Treatment**
  - Active/current client who leaves or elopes from court-ordered treatment (e.g., involuntary commitment, certified inpatient hospitalization, 72 hour mental health hold and treat order).
  - Active/current Forensic Community Based Services (FCBS) client currently on community placement or conditional release status.
  - Does NOT include active/current clients involved in DUI treatment.
  - Does NOT include active/current clients who are on probation or parole.
- **Breach of Confidentiality**
  - As defined by 42 Code of Federal Regulations, Part 2 and 45 Code of Federal Regulations, Parts 142, 160, 162, 164, and the Health Insurance Portability and Accountability Act (HIPAA).
  - Theft or loss of client data and/or records containing client-identifying information.
- **Incident deemed critical by the Program/Agency/Facility Executive Director**

Only programs that administer, dispense, monitor or store medications on site.

- **Medication Diversion**
  - Diversion of medication.
  - Theft or loss of medication.
  - Injury sustained by clients, or their significant others, as a direct result of diversion, use, or misuse of controlled substances, during or within 90 days following most recent treatment episode.

**Forensic Community Based Services (FCBS): Community Placement/Conditional Release (ONLY)**

- Any arrest
- Any felony level charge

**OBH Contact Information (all Critical Incidents will be faxed to this number)**

OBH Critical Incident Desk      Fax# (303) 866-7481

Critical Incident Reporting Form

**Program/Agency/Facility Information**



Agency:

License Number:

Address:

City:

County:

Zip:

Phone:

Critical Incident Type (check all that apply)

OBH

☐ Death (*Excluding natural causes*)

☐ Physical and/or Sexual Assault

☐ Hospitalization

☐ Eloped from Court Ordered Treatment

☐ Breach of Confidentiality

☐ Other

☐ Medication Diversion

FCBS Only

☐ Any arrest

☐ Any Felony Level Charge

Date Critical Incident Occurred (required for all incidents):

Time:

☐ Actual

☐ Estimate

If estimated time, please explain:

Date Critical Incident Discovered (required for all incidents):

Time:

Date Critical Incident Reported (required for all incidents):

Detailed Description of Critical Incident and Investigation Findings

(please include:

client demographic information

level of care (outpatient, inpatient, meds only, Community Crisis Services),

last time seen by clinician,

how agency was notified,

Other pertinent information related to the incident

Identified Plan(s) of Correction/Action/Improvement:

☐ Staff training

☐ Facility Deficiencies/Improvements

☐ Personnel action

☐ Other (**Explain**):

☐ Rewrite of policies and procedures

Report Prepared By:

Title:

Date: